

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PREPARATION OF METAL MESOPORPHYRIN HALIDE COMPOUNDS
Attorney Docket Number::	WELLSP 3.0-002 CIP
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figure 4
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Family Name::	Vukovich
City of Residence::	Holmdel
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	7 Taylor Run
City of mailing address::	Holmdel
State or Province of mailing address::	NJ

Country of mailing address:: US
Postal or Zip Code of mailing address:: 07733

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Benjamin
Family Name:: Levinson
City of Residence:: Montgomery
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 91 Dead Tree Run Road
City of mailing address:: Montgomery
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08502

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: George
Middle Name:: S.
Family Name:: Drummond
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 304 West 75th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 10023

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Family Name:: Caroselli
Name Suffix:: R.ph
City of Residence:: East Brunswick
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 5 Independence Drive
City of mailing address:: East Brunswick
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kazimierz
Middle Name:: G.
Family Name:: Antczak
City of Residence:: Culver
State or Province of Residence:: IN
Country of Residence:: US
Street of mailing address:: 545 South Shore Drive
City of mailing address:: Culver
State or Province of mailing address:: IN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 46511

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada

Status:: Full Capacity
Given Name:: Christopher
Family Name:: Boucher
City of Residence:: Newmarket
Country of Residence:: Canada
Street of mailing address:: 37 Harrsion Drive
City of mailing address:: Newmarket
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L3Y4P3

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Richard
Family Name:: Mortimer
City of Residence:: Toronto
Country of Residence:: Ontario
Street of mailing address:: 98 Glenvale Boulevard
City of mailing address:: Toronto
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M4G2V9

Correspondence Information

Correspondence Customer Number:: 000530
Phone number:: (908) 518-6388
Fax number:: (908) 654-7866
E-Mail address:: sservilla@ldlkm.com

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/453,815	06/03/03
10/453,815	An application claiming the benefit under 35 USC 119(e)	60/385,498	06/04/02

Assignee Information

Assignee name:: WellSpring Pharmaceutical Corporation
Street of mailing address:: 1430 State Route 34
City of mailing address:: Neptune
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07753-6807